

Laboratory use only

Identify	PATIENT DETAILS UR	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Patient status at the time of the service or when the specimen was collected.	Yes	No	
	SURNAME	GIVEN NAMES	a) private patient in a private hospital or approved day hospital facility <input type="checkbox"/> <input type="checkbox"/> b) a private patient in a recognised hospital <input type="checkbox"/> <input type="checkbox"/> c) a public patient in a recognised hospital <input type="checkbox"/> <input type="checkbox"/> d) an outpatient of a recognised hospital <input type="checkbox"/> <input type="checkbox"/>			
	DOB / /	WARD	GENDER	Medicare number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Expiry date / /
	ADDRESS			I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner.		
 / /		
			Patient's signature Date		
	REQUESTING PRACTITIONER			COPY TO		
	Provider number:			Provider number:		
	SURNAME & FIRST NAME:			SURNAME & FIRST NAME:		
	ADDRESS:			ADDRESS:		
		

Situation Background Assessment	<input type="checkbox"/> Urgent – contact laboratory to prioritise.	Precious/irreplaceable specimen requiring confirm receipt on Phone/Pager:	
	CLINICAL DETAILS		Fasting: <input type="checkbox"/> OCP: <input type="checkbox"/> HRT: <input type="checkbox"/> Pregnant: <input type="checkbox"/> Gestation: Medication: Dosage: Time:
			Histopathology - list previous biopsies including laboratory numbers

Request	TESTS REQUESTED	Paediatric samples- list tests in order of priority.
		ANTIBIOTIC: Spot <input type="checkbox"/> Dose: mg Frequency: daily BD Other START administration / / hour FINISH administration / / hour FIRST SAMPLE/SPOT / / hour SECOND SAMPLE / / hour
	Doctor's NAME (print) Sign Date Pager Phone Fax	

SPECIMEN TYPE: <input type="checkbox"/> BLOOD <input type="checkbox"/> URINE <input type="checkbox"/> OTHER	Your treating practitioner has recommended that you use Monash Pathology. You are free to choose your own pathology provider.
I certify that I collected the specimen accompanying this request from the stated patient whose details I confirmed by direct inquiry and/or examination of their ID wristband and I labelled the specimen immediately after collection in the presence of the patient.	However, if your treating practitioner has specified a particular pathologist on clinical grounds a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner.
SIGNED: Print SURNAME:	
Date: / / Time: hour	

Result Enquiries 9594 4538

CLINICAL CONSULTATION

Anatomical Pathology & Cytology
Dr Beena Kumar 9594 3500

Biochemistry

Dr Zhong Lu 9594 4525

Haematology

Dr Sanjeev Chunilal 9594 4366

Infectious Diseases

Dr Tony Korman 9594 4564

Microbiology

Dr Tony Korman 9594 4564

COLLECTION CENTRE	ADDRESS	TELEPHONE	HOURS
CLAYTON	246 Clayton Rd, Clayton Monash Medical Centre	03 9594 2383	Monday to Friday 08.30am - 5.00pm
	Jessie McPherson Private Hospital Private Consulting Suites Suite G	03 9594 2469	Monday to Friday 8.00am - 6.00pm Saturday 8.00am - 2.00pm
	Monash Children's Hospital	03 8572 3072/3	Monday to Friday 8.30 am - 5.00 pm
BERWICK	Casey Hospital 62 – 70 Kangan Drive, Berwick	03 8768 1442	Monday to Friday 8.00am - 5.00pm
	Berwick Healthcare 76 Clyde Rd, Berwick	03 9792 8021	Monday to Friday 8.30 am - 5.00 pm
CRANBOURNE	Cranbourne Centre 140 – 154 Sladen St, Cranbourne	03 5990 6176	Monday to Friday 8.30am – 5.00pm Saturday 9.00am – 1.00pm
DANDENONG	Dandenong Hospital 135 David St, Dandenong	03 9554 1901/2	Monday to Friday 8.00am - 6.00pm Saturday & Sunday 8.00am - 12 noon
	Monash Health Community 122 Thomas Street, Dandenong	03 9792 7854	Monday to Friday 8.30 am - 5.00 pm
	Monash Women's Clinic 135 David Street, Dandenong	03 9792 8003	Monday to Friday 8.30 am - 5.00 pm
FRANKSTON	Peninsula Family General Practice 1B Vera Street, Frankston	0436 689 745	Monday to Friday 8.30am – 5.00pm
LANGWARRIN	St. Augustine Family Medical Centre Shop 18, 385 Cranbourne-Frankston Road Langwarrin	New collection centre.	Monday to Friday 8.30am – 12.30pm
MOORABBIN	Moorabbin Hospital 823 – 865 Centre Rd, East Bentleigh	03 9928 8178	Monday to Friday 8.00am – 5.00pm
PAKENHAM	Pakenham Centre Henty Way, Pakenham	03 5941 0526	Monday to Friday 8.30am – 5.00pm Saturday 8.00am – 12.00 noon
SPRINGVALE	Greater Dandenong Community Health Service 55 Buckingham Ave, Springvale	03 8558 9012	Monday to Friday 8.30am - 5.00pm

Privacy Note The information provided will be used to assess any Medicare benefits payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by the provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

Please note

- Opening times are subject to change. Contact the centre or go to monashpathology.org for up to date details.
- All Collection Centres are closed on Public Holidays.

MONASH PATHOLOGY REQUEST MINIMUM REQUIREMENTS

1. Patient Identification

Request forms and specimens must be labelled with at least 3 patient identifiers

- Surname and first name in full with correct spelling
- Date of birth
- At least one of the following - Monash Health UR number, Address, Gender

2. Date and time of Collection

3. Specimen and request form must be signed by the specimen collector

REQUESTS WILL NOT BE ACCEPTED UNLESS ALL OF THE ABOVE ARE PRESENT.

THIS INFORMATION IS NECESSARY FOR THE SAFETY OF THE PATIENT.